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Apr 29 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15121

(7)

1. Corporation Name
M. G. AVIATION, INC.



Principal Place of Business

Mailing Address

RT. 168
P.O. BOX 767
ASHLAND KY 41105-0767

RT. 168
P.O. BOX 767
ASHLAND KY 41105

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITHS, MORRIS L.
6995 NOVA ROAD
ST. CLOUD FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRIFFITHS, MORRIS L.
STREET ADDRESS 4850 BANBURY
CITY-ST-ZIP ASHLAND KY

1.1 TITLE PD
1.2 NAME GRIFFITHS, MORRIS L.
1.3 STREET ADDRESS 1931 GREEN SPRINGER ROAD
1.4 CITY-ST-ZIP ASHLAND, KY

TITLE ASV
NAME STUART, LORETTA
STREET ADDRESS 3317 SPRINGHAVEN
CITY-ST-ZIP CATLETTSBURG KY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AT
NAME HALL, ELIZABETH
STREET ADDRESS 1915 WILSHIRE BLVD.
CITY-ST-ZIP ASHLAND KY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: MORRIS L. GRIFFITHS

4/29/97

(606) 732-5120

CR2E034 (9/96)